# Exhibit B

# (Redacted)

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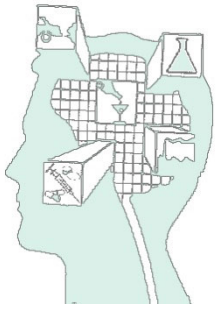


[redacted]

**NAME:** **GARCIA**, EDUARDO
*GARCIA V. WELLS FARGO*

**CLAIM NO:** 1:20-cv-02402

**AGE: DATE OF BIRTH:** 60; [redacted]

**EDUCATION:** ~11 (Mexico)

**DATE OF EVALUATION:** May 12 2022

**HOURLY FEE:** 795.00/HR (EXPEDITED REVIEW, EXAMINATION, DEPOSITION AND TRIAL RATE

**CREDENTIALS:** I am a board certified clinical psychologist and neuropsychologist, licensed in the State of Illinois with a Ph.D in Psychology from the University of Illinois, three Master's Degrees (MS Psychopharmacology-Alliant University, MA Psychology-University of Illinois, MA Psychology-Princeton University), AB-Vassar College. My internship/residency was at Michael Reese Hospital, Chicago Illinois. I am a Fellow of the National Academy of Neuropsychology. I have published and lectured in neuropsychology and psychology for many years and am the primary author of a new neuropsychological test: Trails X, published by Psychological Assessment Resources. These and other professional credentials are contained in my CV and will be attached to this report. I have testified as an expert on cases, the most recent 4 year period of which is listed in an appendix to this document

**REASON FOR REFERRAL:** Mr. Garcia was referred for neuropsychological examination to determine current psychological and cognitive status in the context of litigation in the matter listed above. Information was requested on diagnosis(es), influences on diagnosis(es), current work or other limitations, if any, and treatment recommendations. These are contained in the following neuropsychological expert report for Eduardo Garcia. This report contains the complete set of opinions I intend to address in this matter, barring new information being made available for my consideration.

## TESTS AND PROCEDURES

*Inventario Multifasico de la Personalidad -3* {Authorized Spanish Translation - Minnesota Multiphasic Personality Inventory-3 (MMPI-3)}, *Tasa de Inventario de la Personalidad* [Personality Assessment Inventory (PAI)-Spanish Edition], Word Memory Test (WMT-Spanish) Wisconsin Card Sorting Test (WCST), Computerized Assessment of Response Bias (CARB-Spanish language instructions), *Inventario Estructurado de Simulacion de Sintomas* (Structured Inventory of Malingered Symptomatology (SIMS), Inventory of Problems-29 (IOP-29-Spanish), Clinical Interview

## MEDICAL RECORD REVIEW

Records made available for review are listed as follows:
VIRGILI 00001 - 00178.pdf
THOMAS 00001 - 00078.pdf
POTACZEK 00001 - 00113.pdf
PILLAI 00207 - 00500.pdf
LYNCH 00243 - 00372.pdf
EDUARDO'S MED RECS 00001-00853.pdf
DEPOSITIONS: Eduardo, Julia and Byron Garcia

Approximately 1900 pages of medical records for Mr. Garcia were reviewed and include records from various treaters, including Drs. Lynch, Pillai, Potaczek, Thomas and Virgili. In the interest of brevity, information from available records is highlighted rather than comprehensively abstracted in this document. All available records have been reviewed prior to completion of this report.

Mr. Garcia was diagnosed with severe obstructive sleep apnea after a sleep study performed on March 13 2009. The study found combined apnea plus hypopnea index was 45.0 events per hour, with lowest oxygen desaturation of 76%. Loud snoring was noted throughout. After several hours, Mr. Garcia was advised that he would benefit from CPAP but he was described as “adamantly” refusing that option. Results were read as indicating severe obstructive sleep apnea, slightly worse in the supine position. It was noted that that Mr. Garcia refused to wear CPAP and that he did not follow up with possible surgical recommendation.

An admission at Elmhurst Memorial Healthcare ER on May 17, 2010 noted that Mr. Garcia had a history of chronic back pain. Psychological symptoms of anxiety and depression were negative.

Mr. Garcia’s 2011 diagnoses at the Elmhurst Clinic included hypothyroidism and vitamin D deficiency.

Progress notes from September 4, 2012 described no unusual anxiety or evidence of depression.

October 26 2017 psychiatric symptom review with Dr. Virgili at Elmhurst Clinic described normal mood, affect, behavior and judgment.

Mr. Garcia's medical diagnoses as of December 7, 2017 included unilateral inguinal hernia; benign lipomatous neoplasm of spermatic cord; hyperopia with astigmatism and presbyopia; chronic midline low back pain without sciatica; dermatitis; hypothyroidism; essential hypertension; obesity; hyperlipidemia; GERD and sleep apnea, unspecified.

## CLINICAL INTERVIEW

Per agreed upon accommodations, Mr. Garcia's clinical interview was conducted with the assistance of a Spanish-language medical interpreter. Mr. Garcia is a Spanish-language speaking male of average height and heavyset build. He arrived on time for the evaluation. Mr. Garcia was accompanied by his spouse, Julia, for an examination day in which both he and Ms. Garcia had agreed to be alternately interviewed and complete various tests or other procedures, as negotiated between defense counsel and their own attorney. He and Ms. Garcia were made aware of my status as an examiner and were aware that reports from their interview and test results would be made available to defense and plaintiff counsel. Mr. Garcia's interview was conducted while Ms. Garcia completed questionnaires in an adjoining room.

When he was not being interviewed, Mr. Garcia was also provided with questionnaires and objective symptom endorsement tests, with tests in their authorized Spanish-language versions. A medical translator remained on hand for the entire day, in case he had questions as to the wording or vocabulary. There were no substantive difficulties voiced with any materials or procedures and Mr. Garcia was considered to be cooperative and to have provided valid examination results.

Mr. Garcia was oriented to time, place, person and situation. Sensorium was clear. There were no indications of visual or auditory hallucinations, delusions, or other psychotic process. Range of affect during interview appeared mildly restricted but not obviously depressed or anxious. Mr. Garcia denied current suicidal thoughts or plans but admitted to a single, momentary suicidal thought about 10 years ago during the period where his home was being lost to auction and he considered turning his car's steering wheel into the path of an adjoining truck. He did not do so, and the thought did not recur either that day or through the present, even during multiple, lengthy, interstate drives. Mr. Garcia denied homicidal ideation.

Mood swings were denied. Eye contact was normal. There were no observed attentional difficulties while working on test materials or being interviewed. Mr. Garcia's replies to questions had normal Spanish-language cadence with no unusual volume, rate, or timbre and no indications of pressure, aphasia or dysarthria. His replies to questions were appropriate, but when asked about problems he personally was experiencing, he tended to express concern about his wife's health and medical condition rather than his own issues.

Mr. Garcia interacted normally and appropriately with this examiner and did not appear irritable or angry. He was able to freely converse about personal history with no signs of

unusual or idiosyncratic behavior. Gait was normal. Fine motor control and coordination appeared to be intact. Posture was normal. Grooming and hygiene were normal.

When asked about his most salient problems at present, Mr. Garcia repeatedly indicated that they are mostly related to concern about his wife's health and the difficulty her health problems cause him when he has to repeatedly take time away from his job to drive his wife to various doctor appointments. He indicated that she may have such appointments 2-3 times within the same week and that he and his daughter must interrupt their work to drive her back and forth.

Mr. Garcia described his general health as good and that he is treated with thyroid medication and medications for blood pressure control, including Valsartan and another whose name he found difficult to recall. He also takes Tramadol occasionally for pain and an unspecified muscle relaxant, but he does not take this regularly. He suggested that he is diabetic, but has not yet been prescribed insulin. He has been told to walk and exercise instead. Mr. Garcia indicated that all medications are provided by Dr. Munoz who practices in Elmhurst, Illinois.

Mr. Garcia described that his blood pressure has been "slightly high" of late and that Dr. Munoz recently increased his blood pressure medication dose. In that context, I measured Mr. Garcia's blood pressure with an electronic cuff and results proved to be highly elevated for all three readings: 3:18 PM 173/96 pulse 95, 3:25 PM 176/103 pulse 99, 3:30 PM 150/100 pulse 98. I wrote these readings down for Mr. Garcia and informed him that they were well above "slightly high" and that he needed to contact his doctor. At that point, Mr. Garcia admitted that he probably skipped taking his medication this morning. I asked if he had his blood pressure pills with him and he reported that he did. The evaluation was briefly interrupted to allow Mr. Garcia to take the pills he had forgotten.

Approximately two hours later, I remeasured Mr. Garcia's blood pressure. His readings were not as elevated but still well into the hypertensive range: 538PM 149/87 pulse 86, 543PM 148/83 pulse 87, 550PM 141/88 pulse 90. I told Mr. Garcia that he still needs to contact his doctor, discuss the readings we obtained (which were also written down for him) and determine whether he requires an appointment and/or an adjustment of his blood pressure medication. Mr. Garcia agreed to do this as soon as possible.

When I asked Mr. Garcia more specifically whether he, personally, had any physical or emotional problems for any reason, that he might attribute to financial bank history or otherwise, Mr. Garcia replied that his mood felt slightly off due to the ongoing litigation over his bank foreclosure. He indicated that ongoing stress of litigation makes both him and his wife somewhat anxious. He does not know how to deal with chronic litigation-related stress because he has never been in a similar situation. Mr. Garcia reported it is difficult having to recall the foreclosure over and over again in the context of litigation demands, as he blames himself for what he did or did not do, a feeling made worse because he perceives that he is viewed as the party legally responsible for causing the bank's foreclosure.

Mr. Garcia indicated that it was a tremendous shock to lose his home and that at the time, it was very difficult for his wife and son as well. He suggests that his son became an atheist as a result of the foreclosure; his son had previously been a church volunteer and prayer group

leader, but after the foreclosure, he told Mr. Garcia that 'God did not exist'.

Mr. Garcia also blames the mortgage lender for making it difficult for his family to rent an apartment after the foreclosure. He believes that that negative financial information was provided by lender in response to landlord inquiry and tainted his family's ability to find a new rental residence. Eventually, however, Mr. Garcia and his family were able to find an apartment in Cicero where they have lived for approximately 6-8 years.

Over time, Mr. Garcia reports that he has continued to work hard and build a small business, creating custom wood furniture tables and chairs. He works with his son and they arrange their schedules to manage several employees. He does not believe he has any work-related impairments and feels quite happy about his work quality and productivity. He did not initially believe he could be as successful as he has become, and describes his work as of such high quality that it is known to be one of the best in Chicago. He asserts that his products have reached every state in the union, "even Canada and Hawaii". He attributes his success to the role model of his hard-working father and that, as the oldest of 11 children, he has tried to follow his father's good example.

Mr. Garcia lives with his wife and his daughter. His wife is not currently working and his daughter works for the State. He is uncertain as to his daughter's career but suggests it is public aid-related. His son is married. His daughter is not married and lives with Mr. Garcia and his spouse. Mr. Garcia indicated that he has a large, actively social family. He or his siblings are always having have parties. His last party was on April 15 and was quite large, because they have such a huge family.

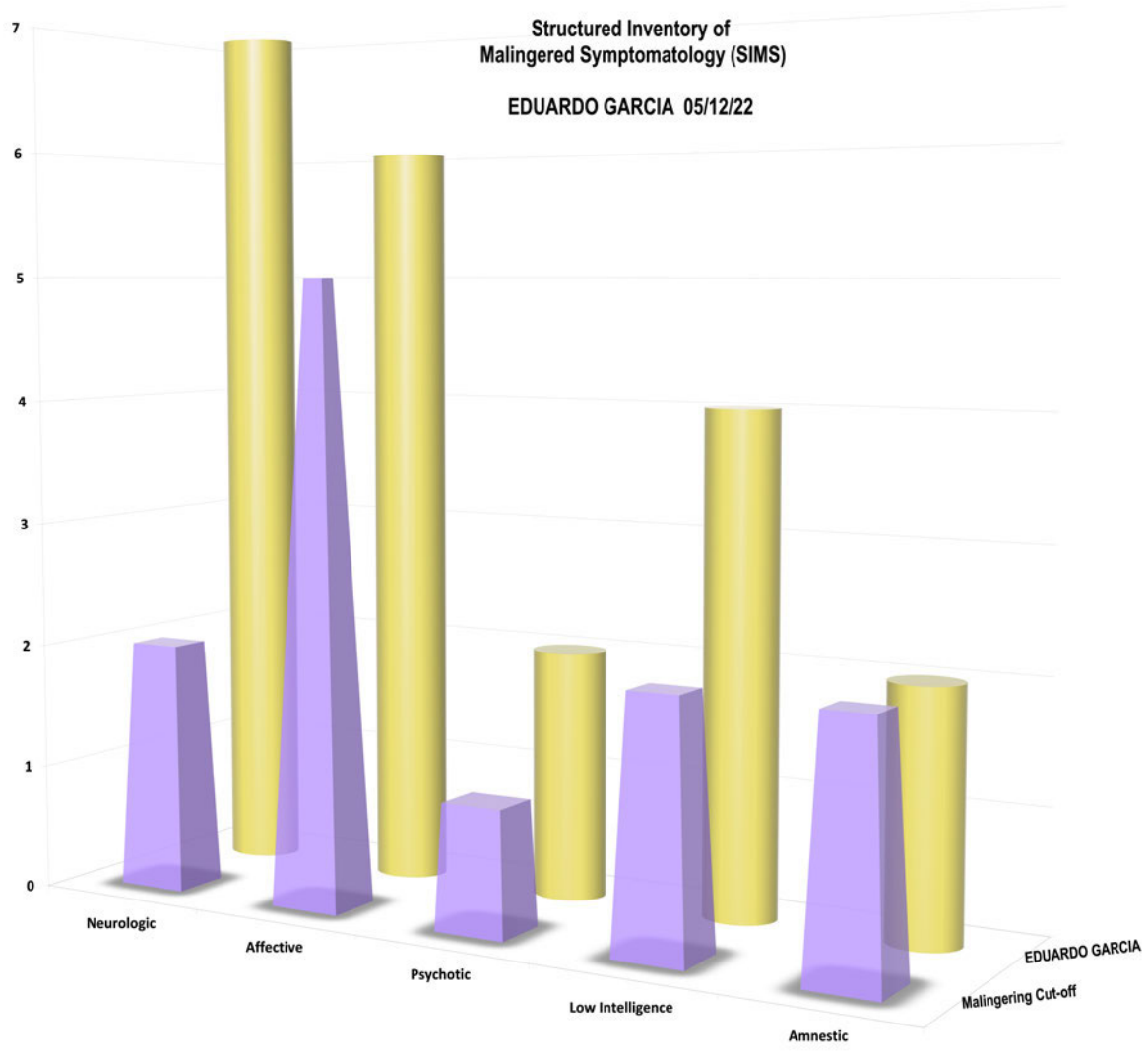
Mr. Garcia denied any ongoing medical problems. He recalls having gone to an Emergency Room once for a knee infection around 2006-2008. Approximately 3-4 years ago, he underwent a successful surgical hernia repair. He denies drinking alcohol, stating that it has never appealed to him. He drinks 1 cup of coffee a day and will occasionally take cold medicine but does not regularly take other over-the-counter vitamin supplements or medications.

I asked Mr. Garcia for a third time whether he could think of any specific emotional difficulties that he attributes to his foreclosure. He indicated that during the height of the bank foreclosure, it weighed heavily on his shoulders. He recalled that about 10 years ago, while driving his car next to a large truck on the highway, it very briefly crossed his mind that he might swerve into the wheels of the truck. Mr. Garcia discarded the thought immediately, which did not recur, but memory of having this brief thought at all continues to disturb him. For many years since then he has driven back and forth to Indiana as part of his work but has not had a recurrence of that thought.

I also asked Mr. Garcia about an item that he circled on a history questionnaire related to other legal difficulties he experienced. He reported having been fined for several expired city stickers on his car and that he had to pay back fees.

**TEST RESULTS**

Spanish language cognitive performance validity tests (WMT; CARB) were passed, with no attempt to exaggerate cognitive deficit. Symptom endorsement validity test results were more variable. Mr. Garcia produced an elevated score on the Spanish language version of the *The Structured Inventory of Malingered Symptomatology* (SIMS) a self-administered measure developed as a screening tool for the detection of feigned or exaggerated psychiatric disturbance and cognitive dysfunction. The SIMS has a 5th grade reading level to allow for completion by a wide range of individuals. Mr. Garcia's Total SIMS score was above the cutoff for an exaggerated symptom endorsement protocol and reflected endorsement of rare, bizarre or implausible symptoms, especially with respect to neurologic, depression/anxiety (Affective), thought disorder (Psychotic) and simple, knowledge-based (Intellectual) questions. Results suggest the possibility of symptom magnification in these symptom areas (see graph following).




Mr. Garcia's symptom profile on a second brief inventory that is sensitive to exaggerated symptom admission (*Inventory of Problems-29*-Spanish language version) was equivocal for

exaggeration. Using the expected base rate norms in forensic cases, his score would indicate exaggeration. In more general populations, his score (.47) is under the test cut-off for exaggeration.

Mr. Garcia's validity scales on two comprehensive symptom endorsement and personality inventories (PAI; MMPI-3) did not show exaggeration.

Mr. Garcia was given a nonverbal test of problem-solving (WCST) in which he was asked to sort cards into categories by receiving feedback about whether each successive answer was correct or incorrect. He was unable to generate any consistent categorical sorting strategies. It is unclear whether this represents a decline or a limitation of low schooling. If Mr. Garcia is noted to have cognitive difficulties related to his work or general life function, consider neurologic referral.

On the Spanish-language version of a word list learning and memory test, which is sensitive to both credible and implausible memory deficit, (WMT), Mr. Garcia showed valid effort and long-term memory word list recall was consistent that of individuals having less than nine years of education but showing good effort.

On a comprehensive objective personality and symptom self-report inventory (PAI), Mr. Garcia's PAI showed no indications of exaggeration. He described himself as being relatively free of common shortcomings, suggesting that he may have minimized any difficulties.

Mr. Garcia's clinical profile on the PAI did not reveal any marked elevations on scales that might indicate diagnosable clinical psychopathology. He had some isolated areas of concern, including relatively mild or transient depressive symptomatology, disturbed sleep and possible decrease in energy and/or sexual interest. He described himself as being socially isolated with few interpersonal relationships that could be described as close to warm, although this appears to be contradicted by his interview statements. Mr. Garcia denied difficulties with antisocial behavior, paranoia mood swings, marked anxiety or health impairment. He denied substance abuse or dependence or dependence. Per PAI results, Mr. Garcia described a somewhat self-critical self-concept with a focus on past failures and he may be more troubled by self-doubt about his adequacy than others observe. He endorsed being unfeeling, punitive and unable to display affection. This also appeared to be contradicted by statements during interview.

Mr. Garcia characterized availability of social support and recent level of stress on the PAI as about average, compared to normal adults. He is not being troubled by thoughts of self- harm and he described his temper as fairly well controlled without apparent difficulty. PAI results suggest that if psychological symptoms are of concern, appeared to best resemble a low level persistent depression (dysthymia).

Mr. Garcia was also given the Spanish language version of the MMPI-3, the current version of most widely used symptom and personality inventory in psychology. His pattern of responses was valid for all MMPI-3 validity scales. There were no indications of exaggeration or minimization.

MMI-3 "Higher Order" scales were all normal range. On scales related to somatic, cognitive and internalizing issues, Mr. Garcia produced an elevated MLS scale, consistent with experience of poor health, fatigue or sleep disturbance, low energy and/or sexual dysfunction. He endorsed a single question about suicide positively, consistent with his interview statement about a transient past thought.

On scales related to "externalizing" and interpersonal patterns, Mr. Garcia described himself as being assertive, direct and being able to lead others. He also produced an elevated score on a scale related to social avoidance which describes someone who is introverted, has difficulty forming close relationships, and who may be emotionally restricted and embarrassed and/or uncomfortable around others. The MMPI-3 also has several scales related to general personality and temperament (PSY-5). Mr. Garcia endorsed high levels of pessimism, introversion, lack of positive emotional experiences and possible loss of pleasure in previously enjoyed activities.

## CONCLUSIONS

Mr. Garcia is a Spanish-speaking male who was seen as part of psychological evaluation to obtain current information in the context of litigation. Examination time and general framework were previously agreed upon by defense and plaintiff attorneys. The referral source who arranged for his examination in my office was Winston & Strawn, attorneys for Wells Fargo. Mr. Garcia and his spouse were examined without incident and both Ms. and Mr. Garcia expressed understanding of my role as an examiner in their case, where both defense and plaintiff law firms would have access to my report, based on my review and results from their examinations.

Record review performed in the context of this evaluation was notable for history of hypertension, possible medication noncompliance and severe untreated obstructive sleep apnea.

Mr. Garcia's cognitive performance validity tests were in the normal range, indicating no attempt to distort neuropsychological performance. Alternately, he displayed mixed validity results on symptom endorsement validity scales. Two stand-alone tests for symptom validity (SIMS; IOP-29) suggested symptom magnification. Two comprehensive personality tests with validity scales (PAI; MMPI-3) did not. Results suggested some caution about uncritically accepting Mr. Garcia's self-report about symptoms and their causes.

Mr. Garcia displayed observationally normal mental status, but failed a test of non-verbal problem solving, which may represent a decline from long-term best cognitive performance. This is of concern because he has two disorders of record that are capable of producing brain-based decline in neuropsychological function: hypertension and obstructive sleep apnea.

Hypertension can contribute to progressive cognitive impairment[1] and elevates risk for stroke and myocardial infarction. Long-standing hypertension reduces cerebral blood flow,

[1] Birns J, Morris R, Jarosz J, Markus HS, Kalra L. (2009) Hypertension-related cognitive decline: is the right time for intervention studies? *Minerva Cardioangiologica, 57,* 813-830.

metabolism, and cognitive function[2]. Hypertension is associated with cortical atrophy in older adults[3] and is a risk factor for cognitive decline[4]. Hypertension is also associated with depressive disorder, stress-related complaints and somatoform disorders[5] and may contribute to any chronic low level depressive symptoms experienced by Mr. Garcia. For this disorder alone, Mr. Garcia requires consultation with his treating physician to prevent undesirable progressive neuropsychological and neurologic consequences of chronic high blood pressure.

Mr. Garcia's untreated obstructive sleep apnea (OSA) is also of neuropsychological concern because OSA causes or contributes to progressive white matter disease and may be a marker for subclinical cerebrovascular or cardiovascular disease.[6] Daytime sleepiness or fatigue is a frequent concomitant of sleep apnea and even mild sleep apnea may worsen depression and the quality of life.[7] Neuroanatomical regions and neuropsychological functions can be impaired as a consequence of sleep apnea, with memory and executive function impairment from hippocampal atrophy and white matter frontal lobe damage. [8]

From a psychological perspective, Mr. Garcia did not show any observational indications of major depression or anxiety disorder. Most of the difficulties he relates are centered on concern for his wife's symptoms and the difficulties he experiences arranging and driving her to physician visits that interrupt his workdays. Mr. Garcia reported an isolated transient suicidal thought while driving about 10 years ago. While having this thought continues to concern him, he has had no subsequent similar thoughts. He is proud of his work and reports

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[2] Fujishima M., Ibayashi S., Fujii K., and Mori S. (1995). Cerebral blood flow and brain function in hypertension. *Hypertension Research 18,* 111-17.

[3] Heijer T, Skoog I, Oudkerk M, de Leeuw FE, de Groot JC, Hofman A, Breteler MM. (2003). Association between blood pressure levels over time and brain atrophy in the elderly. *Neurobiology of Aging. 24,* 307-313.

[4] Meyer JS, Rauch G, Rauch RA, Haque A. (2000). Risk factors for cerebral hypoperfusion, mild cognitive impairment, and dementia. *Neurobiology of Aging*. *21*, 161-169.

[5] Cha, S., and Kim, S-S. (2021). Comorbidity patterns of mood disorders in adults inpatients: Applying Association rule mining. *Healthcare, 9,* 1-16.

[6] Robbins, J., Redline, S., Ervin, A., Waisieben, J. A., Ding, J., and Nieto, F. J. (2005). Associations of sleep-disordered breathing and cerebral changes on MRI. *Journal of Clinical Sleep Medicine, April 15, 1,* 159-165.

[7] Brown, W. D. (2005). The psychosocial aspects of obstructive sleep apnea. *Seminars in respiratory critical care medicine, 26,* 33-43.

[8] Zimmerman ME, Aloia M. S. (2006). A review of neuroimaging in obstructive sleep apnea. *Journal of Clinical Sleep Medicine, Oct 15;2, 461-471.*

building a career as a successful and respected craftsman. He reports having a very large and social family.

Objective personality inventory results suggest the possibility of chronic low-level depressive symptoms, the etiology of which is unclear considering the likely influence of chronic and progressive medical disorders described above. Mr. Garcia's description of having frequent parties in a very large family is inconsistent with his self-portrayal on tests as being isolated and anhedonic.

There were no indications of a diagnosable stress disorder specific to bank and mortgage difficulties. While Mr. Garcia described this event as understandably shocking and stressful, he does not describe a diagnosable constellation of symptoms at that time and does not describe any continuing emotional or behavioral condition stemming from this incident other than the ongoing stress of litigation and a sense of guilt and responsibility he feels for losing the family home.

Diagnostically, Mr. Garcia's objective test results are consistent with (ICD-10) F34.1 Dysthymic disorder, connoting chronic, nonspecific low-level depression. There is a rule out diagnosis of F06.31 Mood Disorder Due to Known Physiological Condition, connoting the influences of chronic hypertension and obstructive sleep apnea on mood. There is also a rule out of F06.8 Mental Disorder Due to Known Medical Condition, connoting possible mild cognitive decline from progressive consequences of hypertension and obstructive sleep apnea. Consider referral for neurologic workup if behavioral or cognitive inefficiencies are noted at work or at home.

Based on current blood pressure readings, Mr. Garcia requires aggressive blood pressure management. Treatment compliance may be an issue as he reports having forgotten to take blood pressure medication on the day of this evaluation and he was previously noncompliant with clinical recommendation for CPAP. He may benefit from discussion with a trusted physician about the consequences of hypertension and untreated obstructive sleep apnea. He is at risk for neuropsychological and psychological deterioration as a function of hypertension and obstructive sleep apnea.

Unless otherwise stated, all opinions in this report are made to a reasonable standard of neuropsychological and psychological certainty. I reserve the right to extend and/or amend current opinions if additional information is presented for my review. Thank you for the opportunity to provide consultation on this very interesting case.

David E Hartman PhD

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Appendix I (CV): DAVID E. HARTMAN PHD MS ABN ABPP

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***Office Phone: 312-879-1111, Cell:*** [redacted]

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**PROFESSIONAL LICENSE AND CERTIFICATION:**

Licensed Psychologist: Illinois License 071-003149
National Register of Health Providers in Psychology: #33572
Diplomate: American Board of Professional Neuropsychology (ABN), 1994
Fellow: American College of Professional Neuropsychology (ACPN), 1995
Fellow: National Academy of Neuropsychology.
Diplomate: American Board of Professional Psychology (ABPP) Clinical, 2006

**EDUCATION:**

| | |
|---|---|
| **M.S.** | Psychopharmacology, Alliant University, 12/15/2013 |
| **Ph.D.** | Clinical/Cognitive Psychology, University of Illinois at Chicago, 1982. Dissertation: Structures and strategies of cognition in depression. |
| **M.A.** | Cognitive Psychology, Princeton University, 1977. |
| **A.B.** | Vassar College, Phi Beta Kappa, Departmental and General Honors, 1975. |

**CLINICAL AND TEACHING EXPERIENCE:**

| | |
|---|---|
| **1982-present** | **Private practice of clinical, forensic and medical neuropsychology and clinical psychology** |
| 2000-2002 | Neuropsychological and psychological consultant to **the Isaac Ray Center for Psychiatry and Law**. Rush Presbyterian St. Lukes' Hospital, Chicago, Illinois |
| 1992-2000 | **Isaac Ray Center for Psychiatry and Law,** Clinical Director: **Rush Human Performance Lab,** Rush Presbyterian St. Luke's Hospital, Chicago, Illinois. |
| 1982-92 | **Cook County Hospital** Director of inpatient and outpatient hospital neuropsychological services; Coordinator of the Adult Clinical Psychology Internship program;, Chicago, Illinois. |
| 1985-86 | Director of Training in Psychology, Supervising Psychologist, The **Lincoln Park Clinic at Columbus Hospital**, Chicago, Illinois. |
| 1982 | Assistant Coordinator: Emergency Psychiatry. **Northwestern Memorial Hospital**, Chicago, Illinois. |
| 1981-82 | Psychology residency: **Michael Reese Hospital and Medical Center**, Chicago, Illinois. |
| 1981-82 | Consultant: **Illinois Masonic Hospital:** Developmental Disabilities Clinic Down Syndrome Research Project, Chicago, Illinois. |

**TEACHING EXPERIENCE (cont.):**

1979-81 Medical Psychotherapist: Department of Transplantation Surgery, **University of Illinois Medical Center**, Chicago, Illinois.

1993-2000 Instructor in psychological testing methods and psychotherapy to Rush Presbyterian St. Luke's Hospital psychiatry residents.

1990-1995 Adjunct Associate Professor of Psychiatry and Behavioral Sciences, Chicago Medical School. Teaching and supervision of psychiatry residents.

1987-92 Neuropsychology Internship Seminar. Teaching and supervision of psychology interns. Illinois State Psychiatric Institute (ISPI).

1987 Graduate Seminar in Clinical Neuropsychology. Department of Psychology, Illinois Institute of Technology (IIT).

1985-86 Clinical Practice and Theories of Psychoanalytic Psychotherapy. Full year graduate level course for the Columbus Hospital, Lincoln Park Clinic Externship Program in Clinical Psychology and Social Work. Chicago, Illinois.

1984-92 Adjunct Assistant Professor of Psychology, Department of Psychiatry, University of Illinois College of Medicine at Chicago. Chicago, Illinois.

1983-92 Theory and Practice of Clinical Neuropsychology, Graduate course for psychology interns and invited participants. Cook County Hospital.

1982-92 Brief seminars: taught at Cook County Hospital for the psychology internship program, including introductions to: Self Psychology, Hypnosis, Rorschach Exner System & Stress Management.

**FORENSIC EXPERIENCE:**

Expert witness: Clinical, Forensic and Medical Neuropsychology; Civil and Criminal Consultation; behavioral toxicology; Clinical psychology.

1992-2010 Consultant; *Cavanaugh & Associates*, Neuropsychological and general psychological consultant in civil forensic psychological cases.

**TESTS:** **Hartman, D. E., and Reynolds, C. (May 2019) TRAILS-X, Boca Raton, Fl. *Psychological Assessment Resources.***

**PUBLICATIONS: (BOOKS)**

Hartman, D. E. (1995). *Neuropsychological Toxicology: Identification and Assessment of Human Neurotoxic Syndromes 2nd Edition.* New York: Springer Publications. (First edition published by Pergamon Press in 1988).

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Hartman, D. E. (1990). The computerized clinician: Ethical, legal and professional issues in the use of psychological software. In E. Margenau (Ed.). *The Encyclopedic Handbook of Private Practice.* Gardner Press.

**ARTICLES:**

Flaro, L., Gervais, R., Hartman, D. E. and Rohling, M. (in press). Paul Green (1951-2020): A tribute. *Developmental Neuropsychology.*

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**ARTICLES (cont.):**

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Hartman, D. E. (2008). Test Review: The Computerized Test of Information Processing (CTIP) by Tom Tombaugh, *15,* 226-227.

Hartman, D. E. (2008). Test Review: The Iowa Gambling Task: Not just another 12 step program. *Applied Neuropsychology, 15,* 158-159.

Hartman, D. E. (2008). Test Review: Test Sematary: Koppitz-2 Developmental Scoring System for the Bender Gestalt Test, *Applied Neuropsychology*, 15, 94 - 95

Hartman, D. E. (2007). Test Review: The Test of Memory and Learning -2, *Applied Neuropsychology, 14,* 3-7-309.

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Hartman, D. E. (2002). "The unexamined lie is a lie worth fibbing": Neuropsychological malingering and the Word Memory Test. *Archives of Clinical Neuropsychology, 17,* 709-714

Hartman, D. E. (April 20, 2001). On Beyond Arsenic: Child Neurotoxic Exposure. *Mealey's Emerging Toxic Torts*, King of Prussia, PA

Ruffalo, CA, Gouvier, WD, Pinkston, JB, Tucker, KA, Hartman, DE, Dahlgren, JG, & Parker, FM (in press). Ethylene dichloride: Neuropsychological effects of chronic exposure. (abstract). *Archives of Clinical Neuropsychology*.

Hartman, D. E. (May 5 2000). Poisoned Minds: Understanding and evaluating neurotoxic brain damage claims. . *Mealey's Emerging Toxic Torts*, King of Prussia, PA

Reissman, D. B., Orris, P., Lacey, R. and Hartman, D. E. (1999). Downsizing, Role Demands and Job Stress. *Journal of Occupational and Environmental Medicine. 41(4):289-293.*

Caruso, L. S. and Hartman, D. E. (Book Review, 1999). Detection of malingering during head injury Litigation. C.E. Reynolds, (Ed.). Plenum Press. *Journal of Forensic Neuropsychology, 1,* 59-66.

Caruso, L. S. and Hartman, D. E. (Book Review, 1998). The practice of forensic neuropsychology. R. J. McCaffrey, A. D. Williams, J. M. Fisher, and L. C. Laing (Eds.), *Archives of Clinical Neuropsychology*

**ARTICLES (cont.):**

Haywood, T. W., Hartman, D. E., Fletcher, T. A., & Kravitz, H.M. (1997). Response bias and cognitive performance in alleged impaired professionals (abstract). *The Clinical Neuropsychologist, 12,* 272.

Orris, P., Hartman, D. E., Strauss, P., Anderson, R. J., Collins, J., Knopp, C., Xu, X., and Melius, J. (1997). Stress Among Package Truck Drivers. *American Journal of Industrial Medicine, 31,* 202-210.

Laatsch, L., Hartman, D. E., and Stone, J. L. (1994). Neuropsychological evidence of amnesia following excision of an intraventricular tumor using a transcallosal approach: Interaction with alcohol abuse. *Journal of Neurology, Neurosurgery and Psychiatry*

Hartman, D. E. (1992). (Book Review) Residual Effects of Abused Drugs: NIDA Research Monograph 101, *Archives of Clinical Neuropsychology, 7*, 467-470.

Hartman, D. E. (1991). Reply to Reitan: Unexamined premises and the evolution of clinical neuropsychology. *Archives of Clinical Neuropsychology. 6,* 147-166

Hartman, D. E. (1988). Neuropsychology and the neurochemical lesion: Evolution, applications and extensions. *NeuroToxicology. 9,* 401-404.

Hartman, D. E. (1988). Book Review: Medical Neuropsychology: The Impact of Disease on Behavior., R. E. Tarter, D. H. Van Thiel & K. L. Edwards (Eds.). *Archives of Clinical Neuropsychology, 3*, 299-301.

Hartman, D. E. (1987). Neuropsychological Toxicology: Identification and assessment of neurotoxic syndromes. *Archives of Clinical Neuropsychology, 2,* 45-65.

Hartman, D. E., and Powsner, S. M., (1987). Identification with a brain-damaged parent: Theoretical considerations on a case of self-mutilation. *Psychoanalytic Psychology, 4,* 171-178.

Hartman, D. E. (1986). Artificial intelligence or artificial psychologist?: Conceptual issues in clinical microcomputer use. *Professional Psychology: Research and Practice, 17,* 528-534.

Hartman, D. E. (1986). On the use of clinical psychology software: Practical, legal and ethical concerns. *Professional Psychology: Research and Practice, 17,* 462-465.

Hartman, D. E. (1986). Book Review: Understanding Brain Damage, by K. Walsh, *Archives of Clinical Neuropsychology, 1,* 31-33.

Hartman, D. E., Sweet, J. & Elvart, A. (1985). Neuropsychological effects of Wernicke's encephalopathy as a consequence of hyperemesis gravidarum: A case study. *International Journal of Clinical Neuropsychology, 7,* 204-207.

Strauss, B., Hartman, D. E., and Soper, H. (1985). Cautions in alternate form presentation of aural test material: Speech sounds perception test. *Perceptual and Motor Skills, 61,* 899-902.

Hartman, D. E. and Bonecutter B. E. “Mixed Blessing.” [letter to the editor] *APA Monitor,* August, 1984.

**PAPERS & PRESENTATIONS:**

Green, J., Messer, M., Hartman, D. E., and Reynolds, C. (2019). Trails-X Trail-level performance using the Profile Variability Index. Poster Presentation: *National Academy of Neuropsychology*, Annual Conference, November 13-16.

Green, J., Messer, M., Hartman, D. E. and Reynolds, C. (2019). The Trails-X: Development and validation of a novel trail-making test. Presented at the April 12-14 2019 Poster session of the *American Academy of Pediatric Neuropsychology* (AAPdN), Las Vegas NV.

Hartman, D. (2013). Low Level Lead Poisoning: The More We Know, the Lower We Go. Presented at the Annual Meeting of the American Academy of Clinical Neuropsychology, Chicago, IL, 6/20/13.

Denney, R., Hartman, D., Larrabee, G., and Boone, K. (2011). Forensic Grand Rounds. *National Academy of Neuropsychology,* Marco Island, FL. 11/17/2011

Hartman, D. E. (Chair), Rohling, M. and Spector, J. (2009). Toxicology for Neuropsychologists: Poisonous Principles, Morbid Methodology and Fatal Forensic Flaws. Invited panel presentation to the 2009 annual meeting of the American Academy of Clinical Neuropsychology (AACN), Chicago, IL.

Hartman, D. E. (2009). A Very Gorey Introduction to the Principles of Toxicology. Invited presentation to the 2009 annual meeting of the American Academy of Clinical Neuropsychology (AACN), Chicago, IL

Hartman, D. E. (2008). Arsenic to Zinc: An Alphabetical Introduction to the Principles of Toxicology. Invited Presentation to the British Psychological Society, London, England, November 5, 2008.

Pipkin, S. P., Denney, R. L., and Hartman, D. E. (October 25, 2008). Detecting exaggeration in neurocognitive dysfunction: Predicting Word memory Test and Fake Bad Scale classification with the Structured Inventory of Malingered Symptomatology. Presented at the *National Academy of Neuropsychology, 28th Annual Conference,* New York City, New York.

Hartman, D. E. (2008). Multiple Chemical Sensitivity, Postconcussion Syndrome and Bleeding Edge Disorders. Invited presentation to the British Psychological Society, London, England, November 5 2008.

Hartman, D. E. (2008). Post Traumatic Stress Disorder. Chicago Bar Association Invited Presentation, May 30, 2008, Chicago, Illinois.

Hartman, D. E. (2007). Traumatic Brain Injury: Epidemiology, Return to Work and Distinguishing Disability from Dissimulation. Invited presentation to the Fifth Annual Mid-Atlantic Regional Conference on Occupational Medicine (MARCOM), sponsored by the Maryland College of Occupational and Environmental Medicine and the Philadelphia Occupational and Environmental Medicine Society, with support from the Johns Hopkins/NIOSH Education and Research Center. Saturday, October 13, 2007, Johns Hopkins School of Nursing.

Hartman, D. E., (Chair and Panel Member) Ewbank, J., Courtney, J., Forest, B. & Reynolds, C. (October 26, 2006). "War of the Words: Surviving the Neuropsychological Deposition. Presented at the Annual Meeting of the *National Academy of Neuropsychology,* San Antonio Texas.

Hartman, D. E. (May 21, 2007): Introduction to objective assessment of symptom self-report and cognitive malingering assessment. Presented at the Annual Meeting of the *American Psychiatric Association,* San Diego, California.

Hartman, D. E. (May 25, 2006). Advances in the Evaluation of Neuropsychological Malingering. Presented at the Annual Meeting of the *American Psychiatric Association,* Toronto, Canada.

Hartman, D. E. (May 26, 2005). Basic principles and evaluation strategies to detect cognitive malingering. Presented at the annual meeting of the *American Psychiatric Association,* World Conference Center, Atlanta Georgia.

Hartman, D. E. (March 14 2005). Recommendations and Critique of Welding Rod Manganese Neurotoxicity Research. Invited lecture presented at the second *Mealey's Welding Rod Litigation Conference,* Phoenix Arizona, Ritz Carlton Hotel.

Hartman, D. E. (October 7 2004). *The Rules: Interpreting Forensic Neuropsychological Research.* Invited lecture presented at the Mealey's Welding Rod Litigation Conference, Palm Springs, Florida, Four Seasons Hotel.

Hartman, D. E. (May 6, 2004). *Neuropsychological Malingering.* Invited lecture presented to the Annual Meeting of the *American Psychiatric Association,* Jacob Javits Center, New York City, New York.

Hartman, D. E. (April 28 2004). *Medical Mysteries: Understanding Multiple Chemical Sensitivity as a template for evaluating science and clinical diagnosis in subjective medical disorders.* Presented at the PDC Disability Experts Forum, San Destin, Florida.

Hartman, D. E. (Saturday September 6, 2003) Cause and *Defect:* Clinical versus Laboratory Causation in Neurotoxic Exposure. Invited address to NAACT: North American Congress of Clinical Toxicology, Chicago, Illinois.

Hartman, D. E. (May 9 2001). Understanding and detecting cognitive malingering. Invited presentation to the annual meeting of the *American Psychiatric Association,* New Orleans, LA.

Hartman, D. E. (Nov 2000) Pediatric Neuropsychological Toxicology. Invited 3 hour teaching seminar to the 2000 Meeting of the National Academy of Neuropsychology, Orlando, Florida

Hartman, D. E. (May 30 2000) Neuropsychological Evaluation of Traumatic Brain Injury. Presented to the CONCENTRA Organization, Rosemont, Illinois.

Hartman, D. E. (May 15 2000). Detection of Neuropsychological Malingering. Presented at the annual meeting of the *American Psychiatric Association*, Chicago, Illinois

Hartman, D. E. (2000) Pediatric and Developmental Neuropsychological Toxicology. Presented at the World Conference of Pediatric Neuropsychology. Fielding Institute and The Menninger Clinic, Saturday, January 21, 2000. Santa Barbara, California

**PAPERS & PRESENTATIONS:**

Hartman, D. E., Haywood, T. W., Sivan, A. B., and Kravitz, H. M. Sensitivity of Microcog in assessing cognitive impairment among impaired professionals. Presented at the 107th annual meeting of the American Psychological Association, Boston, Massachusetts, August 23rd, 1999.

Hartman, D. E. (1999) Neuropsychological evaluation and prediction of traumatic brain injury sequelae. Invited Presentation to Medical Evaluation Systems, Schaumburg, Illinois, May 11, 1999.

Fletcher, T., Hartman, D. E., and Cavanaugh, J. Fitness for duty: A multi-modal approach. Presented at the 1998 meeting of the American Academy of Psychiatry and Law (AAPL), 10/24/98, New Orleans, LA.

Haywood, T. W., Hartman, D. E., Fletcher, T. A., and Kravitz, H. Response bias and cognitive performance in alleged impaired professionals. Presented at the August 1998 annual meeting of the American Psychological Association, San Francisco, CA.

Fletcher, T. A., Hartman, D. E., Haywood, T. W., & Cavanaugh, J. L. Fitness for duty: A multi-modal approach. Presented at the 1998 Annual Meeting of the American Academy of Psychiatry and the Law, New Orleans, LA October 24, 1998.

Hartman, D. E. The use of neuropsychological methods in fitness for duty examinations. Presented at the 1997 meeting of the American Academy of Psychiatry and Law (AAPL), November 1997, Denver CO

Hartman, D. E. Differential Diagnosis of a New Yorker. Multi-disciplinary grand rounds case conference. Rush Presbyterian St. Luke's Medical Center, Chicago, Illinois, September 17, 1997.

Hartman, D. E. Neuropsychological Evaluations in Workplace Violence Assessment: Paper presented in the symposium "Violence in the Workplace: New Challenges," (J. L. Cavanaugh, Chairman), at the American Psychiatric Association 48th Institute on Psychiatric Services, October 22, 1996.

Hartman, D. E. They Say They Can Work But What Will Happen If I Send Them Back?: Neuropsychological Evaluation of Fitness for Duty in Professionals. Paper presented to the 1996 National Peer Assistance Network for Nurses (PANN) Conference, Arlington Heights, Illinois, March 22, 1996.

Hartman, D. E. The Neuropsychology of Childhood Lead Exposure. Invited teaching seminar to the Department of Psychology, Children's Memorial Hospital, March 8, 1996, Chicago, Illinois

Hunter, S. J., Sivan, A. B., Hartman, D. E., Kravitz, H., & Cavanaugh, J. (1996). When low average means impaired: Evaluating the neuropsychological status of professionals. Presented to the International Neuropsychological Society, Chicago, IL. February, 1996.

Hartman, D. E., Multiple Chemical Sensitivity: Symptoms in Search of a Science. Invited presentation to the Board of Directors: Workers' Compensation Board, Halifax, Nova Scotia, December 6, 1995.

Hartman, D. E., Neuropsychological Toxicology 1995: Review and Development. Three hour teaching workshop presented at the 15th Annual Conference of the *National Academy of Neuropsychology,* November 2, 1995.

**PAPERS & PRESENTATIONS:**

Hartman, David E., Hunter, Scott J., Sivan, A. B., Kravitz, H. M. and Cavanaugh, J.C. Neuropsychologic test sensitivity in professionals. Paper presented to the American Academy of Psychiatry and the Law, Seattle Washington, October 19, 1995.

Hartman, D. E. Neurotoxic Disorders and the Neuropsychology of Abused Drugs (co-presented with T. Strickland, Ph.D.) Invited program presented to the *National Academy of Neuropsychology,* 14th Annual Conference, November 3, 1994, Orlando, Florida.

Hartman, D. E. Neurobiology and Neuropsychology of Drugs of Abuse: Implications for Assessment and Treatment (co-presented with T. Strickland, Ph.D.). Invited program presented to the *National Academy of Neuropsychology* 13th Annual Conference, October 29, 1993, Phoenix, Arizona.

Hartman, D. E. Neuropsychological Toxicology, 1994. Invited address to the annual meeting of the *Colorado Neuropsychological Society*, Boulder Colorado, October 8, 1993.

Hartman, D. E. Differential diagnosis of neurotoxic disorders, multiple chemical sensitivity and sick building syndrome. Presented at the annual meeting of the American Congress of Allergy and Immunology, Chicago, Illinois, November 13, 1992.

Strickland, A., Hartman, D. E., and Satz, P. (1991). Neuropsychological consequences of crack cocaine abuse. Presented at the 11th annual meeting of the *National Academy of Neuropsychology*, Dallas, Texas.

Hartman, D. E. Introduction to the Neuropsychological Evaluation of Neurotoxic Disorders. University of Chicago Hospitals, Department of Psychiatry, Clinical Neurosciences Series, January, 11, 1991

Hartman, D. E. Cognitive and Behavioral Effects of Neurotoxins on Brain Status and Methods of Neuropsychological Assessment. Presented at the 1990 Annual Meeting of the American Bar Association, Section of Science and Technology, Session on Brain Damage Claims, August 5, 1990, Chicago, Illinois.

Hartman, D. E. Private Practice in Neuropsychological Toxicology. Presented at the July 1990 Meeting of the American Psychological Association: Boston, Mass.

Hartman, D. E. Overview of Current Research of Neurotoxic Effects of Industrial Chemicals. Presented at the 1989 Cuban-United States Colloquium on Occupational Disease — Neurotoxicity of Industrial Chemicals, November 13, 1989, Havana, Cuba.

Hartman, D. E. Differential Diagnosis of Functional versus Neurotoxic Disorder using Neuropsychiatric Methods. Presented at the 1989 Cuban-United States Colloquium on Occupational Disease - Neurotoxicity of Industrial Chemicals, Nov. 13, 1989, Havana, Cuba.

Hartman, D. E. Chronic neuropsychological effects of industrial chemicals and abused drugs. Presented at the third annual Topics in Emergency Medicine: Toxicology, MESA Education and Research Foundation. 10/29/88, Chicago, Illinois

Hartman, D. E. Neuropsychological Toxicology. Presented at the 7th Annual meeting of the National Academy of Neuropsychologists (NAN), October 28, 1987.

**PAPERS & PRESENTATIONS:**

Hartman, D. E. Neuropsychological effects of neurotoxic substances. Presented at the 5th Anniversary International Neurotoxicology Conference, October, 2, 1987, Little Rock, Arkansas.

Hartman, D. E. Neuropsychological toxicology: Identification and neurobehavioral testing of solvent-exposed workers. Presented at the Midwest Regional Meeting of the American Public Health Association Occupational Health Section, June 6, 1987.

Hartman, D. E. Absolutely essential aspects of computerizing psychological service: Ethics, Legality & Practicality. Presented at the 1986 annual meeting of the Illinois Psychological Association, November 14, Chicago, Illinois.

Hartman, D. E. Neuropsychological toxicology: Neurobehavioral effects of toxic substances. Paper presented at the 1986 annual meeting of the Illinois Psychological Association, November 15, Chicago, Illinois.

Hartman, D. E. Neuropsychological toxicology: Effects of metals, solvents, pesticides and other nervous system poisons. Presented at the 10/27/86 annual meeting of the National Academy of Neuropsychology (NAN) Las Vegas, Nevada.

Sweet, J. & Hartman, D. E. Neuropsychological manifestations of Acquired Immunodeficiency Syndrome (AIDS): A case study. Presented at the 1986 annual meeting of NAN. October 27-29, Las Vegas, Nevada.

Hartman, D. Neuropsychological toxicology: The effects of industrial substances on brain and behavior. Presented at the 1986 annual meeting of the Chicago Area Council on Occupational Safety and Health (CACOSH) 10/11/86

Hartman, D. Neurotoxic effects of job chemicals. Paper presented at the Chicago Area Council of Occupational Safety and Health, (CACOSH) 3/27/85

Hartman, D., Sweet, J. & Elvart, A. A case study of the neuropsychological effects of Wernicke's encephalopathy induced by hyperemesis gravidarum. Presented at the 1984 annual meeting of the National Academy of Neuropsychologists, October 24-26, San Diego, CA.

Hartman, D. E. Neuropsychological effects of neurotoxic substances. Presented at the Midwestern Neuropsychology Group, Chicago, Illinois, 1984.

Hartman, D. E., & McKirnan, D. Risky decision in depression: Sad schemas produce unexpected utility values. Presented at the 1983 annual meeting of the American Psychological Association Anaheim, CA.

Hartman, D. E. and Malecki, M. Psychological aspects of renal transplantation (video seminar). Dep't. of Transplantation Surgery, University of Illinois Medical Center, Chicago, Illinois, 1981.

Glucksberg, S., Hartman, D. and Stack, R. Metaphoric comprehension is an automatic and parallel process. Presented at the Psychonomic Society, 1977

Hartman, D. E. Effects of semantic constraint on processing ambiguous words. Presented at the 1976 annual meeting of the American Psychological Association, Washington, D.C.

**PAST AND CURRENT MEMBERSHIPS:** *National Academy of Neuropsychology* (NAN), *International Neuropsychology Society* (INS), *Psychoanalytic Study Group*, Michael Basch, M.D. (1988-1989), *Self Psychology Study Group*, Ernest Wolf, M.D. and Marian Tolpin, M.D. (1990-1998)

**HONORS:**
*Chair: Information Technology* (IT) *National Academy of Neuropsychology 2006-2007* Associate Journal Editor: *Test Reviews Journal of Applied Neuropsychology, 2006-2010* Who's Who in Medicine and Health Care 1st & 2nd Editions; Who's Who in America; Who's Who in the World; Who's Who in Science and Engineering; Who's Who in the Midwest, Who's Who Among Human Service Professionals Grant Proposal National Institute on Drug Abuse (NIDA). Reviewer:Proposal N43DA-7-6502 Computerized Neuropsychological Testing Software Examiner: American Board of Professional Neuropsychology (ABPN) Fellow: American College of Professional Neuropsychology(ACPN), 1995 Fellow: National Academy of Neuropsychology (NAN), 1990.

**HONORS** (Editorial Board): *Applied Neuropsychology, 2016-; Journal of Forensic Neuropsychology, 1997-2007; The Professional Neuropsychologist, 1997-2007 Neuropsychology Review 1996-2007 Archives of Clinical Neuropsychology,* 1987-1990; 1998-2008

**CHAIRPERSON:**

Toxicology Presentations: 1998 Annual Meeting of the International Neuropsychological Society (INS), Oahu, Hawaii.

Workplace Violence: Program presented at the annual meeting of the Illinois Psychological Association, November 9 1995. Illinois Psychological Association-Clinical Division, 1986-87.

Psychoanalysis in Chicago: New Training Opportunities. Program presented at the 1986 annual meeting of the Illinois Psychological Association, November 16, 1986.

Emerging Trends in Clinical Neuropsychology. Program presented at the 1986 annual meeting of the Illinois Psychological Association, November 15, 1986.

The Automated Psychologist: Computerizing psychological services. Program presented at the 1986 annual meeting of the Illinois Psychological Association, November 15, 1986.

**REVIEWER:** *Archives of Clinical Neuropsychology, The Clinical Neuropsychologist, Neuropsychology, NeuroToxicology, Journal of Nervous and Mental Disease, Neuropsychology Review, Clinical Psychology in Medical Settings, New Scientist, Journal of Psychosomatic Research, Journal of Forensic Neuropsychology, Applied Neuropsychology, Journal of Clinical and Experimental Neuropsychology, Journal of Forensic Psychology Practice, International Journal of Occupational and Environmental Health, Child Neuropsychology*

**FACULTY:** Soc. for Clin. and Exp. Hypnosis. Workshop Series, October 19-22, 1982, Indianapolis, In.

**RECIPIENT:** NIMH fellowship, University of Illinois, 1978-1980; Teaching fellowship and full tuition scholarship: Princeton University, 1975-78; Vice chair, acting chair: Princeton Graduate College, Princeton,
N.J. 1977-78; Recipient: National Science Foundation Fellowship Honorable Mention 1975; 1976; Vassar Fellowship (Hon.), 1975; Washburn Fellowship in Psychology (Hon.), Vassar College; Phi Beta Kappa, Vassar College, 1975.

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**APPENDIX II**: Per request, the following represents my best effort to provide a case list where they may have been deposition testimony or trial, for the time specified.

| | | | |
|---|---|---|---|
| 01/01/2018 | Carlson v. Jerousek | 14 L 0264 | Cray Huber Horstman |
| 01/03/2018 | Hirons v. Alammrew | 1:16-Cv-920 | Thomas Murray Jr. Esq. |
| 01/18/2018 | Bragar v. CTA | 2015L017 | Jade Simmons, CTA |
| 02/22/2018 | Carlson v. Midwest | | David Farina Esq, Cray Huber |
| 02/26/2018 | Chambers v. Peoples Gas | 18WC7588 | Derek Storm, Garofalo Schreiber & Storm |
| 04/10/2018 | James Rigdon | 17674923 | Tristar |
| 06/08/2018 | Gilbert Garza | 20140812 | Unton Inman & Fitgibbons |
| 06/15/2018 | Rosalind Williams | 15595477 DEN1L4 | Genex Services |
| 07/20/2018 | Williams v. Mueller | 15 L 744 | Ron Aeschliman, Griffin Law |
| 11/02/2018 | Sarah Fowler | [no case # avail] | Betz/Blevin Indiana |
| 11/08/2018 | Terrance Jones | 16649548 | Tristar |
| 11/09/2018 | Sterba v. Summit | 15L3798 | Thomas Wolf Esq. Lewis Brisbois |
| 12/21/2018 | Motorola (class action) | | Kelly Milam, Gordon and Rees |
| 02/01/2019 | Travis Wilhite | 00667-P7915 | Michael Kokal Esq. Heyl Royster |
| 04/16/2019 | Amanda Antonacci | 16628864 DEN1W8 | Marsha Gottleib AG, Carbondale |
| 04/25/2019 | Johnson v. Gurvich | CDC 2017-3514 | Hebbler & Giordano, LLC. |
| 08/08/2019 | Steven Mantzke | 18731207 | Tristar |
| 08/14/2019 | Loukia Rodriguez | 11488515-001 | Valerie Peiler Esq., Brady Connolly & Masuda |
| 08/16/2019 | Lacretia Henderson | 19WC26965 | Derek Storm, Garofalo Schreiber Storm |
| 02/26/2020 | Barnard v. Toyota | 2016 L 001063 | Watkins & Eager |
| 03/02/2020 | Christopher Fritsche | 18705144 | Tristar |
| 03/30/2020 | Krystal Perdue | 19L8831 | Gordon Rees |
| 08/20/2020 | Rodriguez v. Simco | 45D10-1702-CT-00029 | Joshua Rauch, Mandel Horn & Rauch |
| 01/06/2021 | Rodney Molt | Tristar 20801212 | |
| 03/15/2021 | Chansinthanawan, K. | 2018 L 009973 | David Sethi Esq. Smith Amundsen |
| 03/17/2021 | Michael Silk v. Well Luck | 2019 L 009496 | Joseph Wilson Esq. Maisel & Assoc. |
| 04/21/2021 | Doe v. Board of Ed. | 17 L 280 | Nielsen, Zehe & Antas |
| 04/24/2021 | Steven Winiecki | 2017L012666009496 | Kelly Milam, Gordon Rees Scully |
| 08/07/2021 | Bates v. Matrix | 17594 | Williams, Porter Day & Neville |
| 09/06/2021 | George Snure | 45D02-1710-CT-102 | Leahy, Eisenberg & Fraenkel |
| 02/07/2022 | Cotton v. Insperity | 21WC10701 | Hennessy & Roach PC |
| 02/17/2022 | Regan v. Black | 2450086 | Mette, Evans & Woodside |

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|---|---|---|---|
| 02/25/2022 | Lorene Schrock | 20d03-1903-ct-000061 | Erie Insurance |
| 03/30/2022 | Carlos Bowman | 3:15-cv-02315 | Megan Murphy, IL Atty Gen'l |
| 03/09/2022 | Brittanie Hayes v. Arthur | 19 L 12016 | Litchfield/Cavo |
| 04/25/2022 | N.Y. v. Savinovich | 003951988 | Eric Kleiner Esq. |